

Scorecard for Accountability and Action



Metrics

Policy and Financial Control	
Oral Artemisinin Based Monotherapy Ban status (2014)	Target achieved or on track
Community case management (Pneumonia)	Target achieved or on track
Community case management (Malaria)	No data/Not applicable
World Bank rating on public sector mgmt and institutions 2013 (CPIA Cluster D)	2.2
Commodities Financed, Implementation and Malaria Impact	
LLIN financing 2014 projection (% of need)	100
Public sector RDT financing 2014 projection (% of need)	96
Public sector ACT financing 2014 projection (% of need)	100
Operational LLINIRS coverage (% of at risk population)	56
On track in 2012 to Reduce Malaria Incidence by >75% by 2015 (vs 2000)	Progress but more effort required
Tracer Indicators for Maternal and Child Health	
PMTCT coverage 2012 (% pregnant HIV pts receiving ARVs)	No data/Not applicable
% deliveries assisted by skilled birth attendant	23
Exclusive breastfeeding (% children < 6 months)	41
Vitamin A Coverage 2012 (2 doses)	83
DPT3 coverage 2012 (vaccination among 12-23 month olds)	92
Postnatal care (within 48 hrs)	No data/Not applicable

Malaria transmission in Sudan is low-to-moderate and occasionally epidemic. The annual reported number of malaria cases in 2012 was 964,698 with 618 deaths.

Key

Target achieved or on track
Progress but more effort required
Not on track
No data/Not applicable

Progress

Sudan has made steady progress in scaling-up malaria control interventions and has, in particular, been successful in attracting resources through the Global Fund. The country has also introduced Community Case Management for the treatment of malaria and banned oral artemisinin-based monotherapies. Sudan has secured the majority of the resources required to sustain universal coverage of key malaria interventions in 2014. Sudan has achieved high coverage of the tracer MNCH indicator DPT3 vaccination and Vitamin A vaccination.

Impact

Reports from the Ministry of Health show a decline in reported malaria deaths from the levels in 2000. Progress in reducing cases has been reported sub-nationally where interventions have been intensified. The annual reported number of malaria cases in 2012 was 964,698 with 618 deaths.

Key Challenge





- Delays in disbursement of funds.

Previous Key Recommended Actions

Objective	Action Item	Suggested completion timeframe	Progress	Comments - key activities/accomplishments since last quarterly report
Address funding	Ensure the NFM concept note is submitted by Q3 2014 and ensure that resources are allocated to malaria control at a level that is sufficient to sustain the gains made in recent years	Q3 2014		Deliverable not yet due but country has begun the preparation of the GF NFM concept note
MNCH ¹ Optimise quality of care	Prioritise collection of postnatal care data	Q1 2014		Postpartum vitamin A supplementation for mothers is used as a proxy indicator to measure postnatal care. Postpartum vitamin A supplementation has increased from 18.5% in 2006 to 22% in 2010. Postnatal care is a key element in the national strategy for the period 2013-2015 and the policy recommends provision of postnatal care within 24 hours for home births. MICS survey will provide data on postnatal care coverage

¹ MNCH metrics, recommended actions and response tracked through WHO MCA/iERG

Key

	Action achieved
	Some progress
	No progress
	Deliverable not yet due